

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2936

FILED OCT 10 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

-

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE DOA County Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR

TOWN

University City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

7119 Princeton

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Eleanor

Middle

Last

Bielicke

4. DATE OF DEATH

Month

Day

Year

September 20, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8/26/1927

9. AGE (last birthday)

36

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Unknown Mankoff

13b. MOTHER'S MAIDEN NAME

Lillian Aftergut

14. NAME OF HUSBAND OR WIFE

Thomas Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Thomas D. Bielicke 7119 Princeton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Rheumatic heart disease, probably on the basis of arrhythmia (ventricular fibrillation)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw her alive on _____.

Death occurred at DOA Co. Hosp. 4:52 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

DATE

Burial

9/22/1963

23c. NAME OF CEMETERY OR CREMATORY

Chevra Kadisha

23d. LOCATION (City, town, or county)

(State)

University City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson Avenue

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *James J. Dene*

Licensed Embalmer No. 3988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.